

MEDICARE PART A BULLETIN

November 19, 1997

Hospital Medicare Bulletin H-83

TO: All Medicare Hospitals

FROM: Program Relations

SUBJECT: **CLARIFICATION OF BILLING FOR CONTRAST MATERIAL**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to all appropriate health care facility personnel.

The purpose of this bulletin is to clarify Health Care Financing Administration (HCFA) regulations with regard to billing of contrast material. HCFA has received questions regarding the methods of billing services with and without contrast material and has, as a result issued the following clarification.

GENERAL

When contrast material is used in connection with a radiology procedure, hospitals must report the radiology procedure using the CPT code that indicates "with contrast" (if one is available). ***This instruction applies even if the contrast material is billed separately.***

CONTRAST MATERIAL OTHER THAN LOW OSMOLAR CONTRAST MATERIAL

Hospitals have two options when billing for contrast material (other than low osmolar contrast material). They may bill:

- o Separately (in addition to the radiology procedure); or
- o As part of the amount for the radiology procedure.

However, if a hospital bills separately for the contrast material, the hospital must adjust their charges / charge master to exclude any amount for contrast material from the charge for the radiology procedure.

Hospitals may bill according to either option. The availability of billing under either option also applies when billing for contrast material in connection with radiology procedures which, by definition, include contrast material, e.g., radiology procedure 74160- Computerized axial tomography, abdomen; with contrast material(s). Hospitals may bill for the contrast material used in connection with this radiology procedure separately, as long as **they adjust their charges/ charge masters to exclude any amount for contrast material from the charge for the procedure.**

When billing separately for contrast material used with radiology procedures which are subject to the radiology payment limit, hospitals must report the contrast material (other than low osmolar contrast material) with revenue code 255. These charges must be reported on the same bill as the radiology procedure.

LOW OSMOLAR CONTRAST MATERIAL (LOCM)

LOCM must be billed separately (HCPCS codes A4644, A4645, or A4646), and it must be reported with revenue code 636. If the hospital's charge for the radiology procedure includes a charge for contrast material, the hospital must adjust the charge for the procedure to exclude any amount for contrast material.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.